



Memorial Tree Request

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please Circle Tree Type: Shade (\$300.00) Flowering (\$300.00)

Memorial in the Name of: _____

1st Choice Location: _____

2nd Choice Location: _____

3rd Choice Location: _____

My signature states that I understand this donation is for the lifetime of the tree purchased. I also understand that the Roselle Park District has the authority for determining the final location and/or type of tree that is purchased as well as the final wording on the plaque.

Signature: _____ Date: _____

Please fill this form out and return with payment to:

Bianca Hervig
Clauss Recreation Center
555 W Bryn Mawr Ave
Roselle, IL 60172



Memorial Bench Request

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please Circle Bench Type: 6 Foot Bench (\$1,200.00) 8 Foot Bench (\$1,400.00)

Plaque Inscription: *6ft Bench (8" x 2" plaque - Up to three lines, 20 Characters Max Per Line, Including Spaces)*

8 ft Bench (10" x 3" plaque - Up to four lines, 28 Characters Max Per Line, Including Spaces)

Memorial in the Name of: _____

1st Choice Location: _____

2nd Choice Location: _____

3rd Choice Location: _____

My signature states that I understand this donation is for the lifetime of the bench purchased. I also understand that the Roselle Park District has the authority for determining the final location and/or type of bench that is purchased as well as the final wording on the plaque.

Signature: _____ Date: _____

Please fill this form out and return with payment to:

Bianca Hervig
Clauss Recreation Center
555 W Bryn Mawr Ave
Roselle, IL 60172